FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000009472 (6)

BGS (SOUTHWEST FLORIDA) INC.

FILED Jan 27 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			ı temilere iim imili imdil matil batil datil datil datil matil midil idata 1101 idat.
% PAULO MYLLA 2015 IMPERIAL GOLF COURSE BLVD.		% PAULO MYLLA 2015 IMPERIAL GOLF COURSE BLVD.		D.	DO NOT WRITE IN THIS SPACE
NAPLES FL 34	110	NAPLES FL 34110			3. Date Incorporated or Qualified
]					02/01/1997
2, Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number Applied For
11 1660 Trade Center way 26					59-3433477 Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Regulred
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
53 NO P/G	s FL	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the current year Intangible
24 3440			30		Personal Property Tax due June 30. 🗹 Yes 🔲 No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
MYLLA, PAULO 81 Nam					
2015 IMPERIAL GOLF COURSE BLVD.				32 Street	Address (P.O. Box Number is Not Acceptable)
	LES FL 34110	•	[311661	Address (F.O. Box Number is Not Acceptable)
				33	
			-	14 0::	
			1	City	FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abx	ve-namec	corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registored Agent signature required when reinstating) DATE					
12,	OFFICERS AND		13.	agent signator	ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12
TITLE	D	DELETE	1.1 TITL		VP
NAME	MYLLA, PAULO	_	1.2 NAM	ıF	MYLLA PAULO
STREET ADDRESS	% 777 LANTANA ROAD			ET ADDRESS	2015 IMPERIAL GOLF CSE. BLVD.
CITY-ST-ZIP	LANTANA FL 33462			-ST-ZIP	NAPLES, FL 34110
TITLE	DATITUTE COTOL	DELETE	2.1 TITL		P Change L Addition
NAME			2.2 NAM		MYLLA, GINA
STREET ADDRESS			1	ET ADDRESS	RIOIS IMPERIAL GOLF CSE. BLVD.
CITY-ST-ZIP				-ST-ZIP	NAPLES, FL 34110
TITLE	-	DELETE	3.1 T/TL		Change Addition
NAME			3.2 NAM		, Change Hadillon
STREET ADDRESS			1	ET ADDRESS	
CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE	'-ST-ZIP	Change Addition
NAME			4. 2 NAM	-	
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP					
TITLE	<u> </u>	DELETE	5.1 TITLE	-ST-ZIP	Change Addition
NAME		hand Detter	5.2 NAM		Li charge Li Addition
STREET ADDRESS					
				ET ADDRESS	
CITY-ST-ZIP		DELET E	5.4 C/TY		Change Addition
TITLE		FT) hereig	6.1 TITLE		L Change Addition
NAME OTDOOT ADDRESS			6.2 NAM		
STREET ADORESS				et address	
CITY-ST-ZIP			6.4 CITY	- ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.